



DEPARTMENT OF CHARITABLE GAMING
101 N. 14th Street, 17th Floor, James Monroe Building, Richmond, VA 23219-3684
(804) 786-1681
www.dcg.virginia.gov

EXEMPT ORGANIZATION - NOTIFICATION NEW**General Instructions**

- A. Use this form when applying for an **Exempt Organization - Notification New Only**.
- B. Complete the entire application and provide all attachments. **DO NOT LEAVE ANY BLANKS.**
- C. Place "N/A" if item is not applicable. **Please type or print all answers.** Do not use pencil.
- D. If needed, attach additional documents or explanation sheets.
- F. Ensure application is signed/dated and notarized by the appropriate individual(s).
- F. Retain a copy for your records.
- G. The Department has 45 days to process an application upon receipt of a **COMPLETE** application and receipt of **ALL** attachments.
- H. After review, an acknowledgement and resolution form will be returned to your organization if the application is approved.

For Internal Use Only
Assigned DCG No.

ORGANIZATION INFORMATION

1. Type of Permit Applied For: ☐ Bingo ☐ Raffle ☐ Bingo and Raffle
2. Application Type: ☐ New
- Organization's Federal Taxpayer Identification Number: _____
3. Organization Name: _____
- Mailing Address: _____
- City: _____ State: _____ Zip: _____ Telephone: (____) _____
4. Organization's Physical Location: _____
- City: _____ State: _____ Zip: _____ Telephone: (____) _____
- Contact Person: _____ Title/Position: _____
- Contact Person's Daytime Telephone No.: (____) _____ Facsimile No.: (____) _____
- E-Mail: _____
5. Jurisdiction where the organization regularly meets? _____ County: _____ City: _____
6. Has the organization met on a regular basis in the jurisdiction or an adjacent jurisdiction on a continuing basis for at least three (3) years? Yes ☐ No ☐
7. Are at least 50% of the members comprised of Virginia residents? Yes ☐ No ☐
8. Has the organization been recognized in accordance with Section 15.2-955 by an ordinance or resolution by a political subdivision where the organization is located as being part of the safety program of the political subdivision? Yes ☐ No ☐
9. Type of Organization (Check One): ☐ Volunteer Rescue Squad ☐ Volunteer Fire Department
10. Date the Organization was formed: Month: _____ Year: _____

BINGO GAME/RAFFLE INFORMATION

11. List the location(s), day(s), date(s) and time(s) the bingo/raffle activity(s) will be held: (List all planned activities below. If more space is needed, write the information a separate page and attach.)

- a. Building Name (Where Games are Held): _____
 Physical Address: _____
 City/Town: _____ County: _____ State: _____ Zip: _____
 Official Jurisdiction (County of/City of): _____
 Type of Gaming Activity: _____ Bingo _____ Raffle _____ Bingo and Raffle
 Day(s)/Date(s): _____ Time: From _____ am/pm To: _____ am/pm
- b. Building Name (Where Games are Held): _____
 Physical Address: _____
 City/Town: _____ County: _____ State: _____ Zip: _____
 Official Jurisdiction (County of/City of): _____
 Type of Gaming Activity: _____ Bingo _____ Raffle _____ Bingo and Raffle
 Day(s)/Date(s): _____ Time: From _____ am/pm To: _____ am/pm
- c. Building Name (Where Games are Held): _____
 Physical Address: _____
 City/Town: _____ County: _____ State: _____ Zip: _____
 Official Jurisdiction (County of/City of): _____
 Type of Gaming Activity: _____ Bingo _____ Raffle _____ Bingo and Raffle
 Day(s)/Date(s): _____ Time: From _____ am/pm To: _____ am/pm

12. **FOR BINGO GAMES ONLY:**

- a. Is this building: Owned: _____ Leased: _____ (If leased, please attach copy of current lease.)
- b. Does the organization own the equipment used to conduct the gambling activity(s)? Yes _____ No _____
- c. Owner of property where gaming conducted: _____
 Address of Owner: _____
 City: _____ State: _____ Zip: _____ Telephone No. (_____) _____
 Contact Person: Name _____ Telephone: (_____) _____
- d. Landlord Name: _____
 Landlord Address: _____
 City: _____ State: _____ Zip: _____ Telephone No. (_____) _____
 Contact Person: Name _____ Telephone: (_____) _____
- e. Name of Facility: _____ Facility Manager: _____
 Facility Telephone: (_____) _____ Facility Facsimile: (_____) _____

BINGO GAME/RAFFLE INFORMATION (Concluded)

13. Estimated annual gross receipts from bingo or raffle: _____
14. How will the proceeds from the bingo game/raffle be used? Please specify. _____

- a. How was this figure determined? _____

15. **For Raffle Applications Only** - Will the raffle event be held in conjunction with a casino or Las Vegas night? Yes _____ No _____
16. Where are the financial records stored? _____
17. Person responsible for bingo/raffle event: _____
Telephone: (____) _____ Work: (____) _____ Fax No.: (____) _____
18. Has any officer or game manager of the organization been convicted of a felony or a crime of moral turpitude? Yes _____ No _____

PLEASE CONTINUE TO NEXT PAGE.

PERSONNEL INFORMATION

Section 18.2-340.25, Code of Virginia, 1950, as amended, provides that no exempt charitable gaming permit and/or authorization can be issued prior to a reasonable investigation conducted by the Department of Charitable Gaming. Individuals designated below hereby authorize the Department of Charitable Gaming and/or the Virginia Department of State Police to investigate all matters relating to this application, and each individual designated below hereby waives any rights or causes of action they may have based upon the disclosure of otherwise confidential information.

Complete the following information for **the President, Treasurer/Financial Officer and ALL game managers**. Provide **complete** information. **FULL PROPER NAMES** must be listed and include: first name, middle name and last name -- **applications with initials will cause a delay in processing**. **If an individual has no middle name, then insert "NMN"**. *Complete a separate form for each required person. This page may be duplicated.*

Position Codes: (Check the appropriate box for each applicable individual)

_____ President _____ Treasurer/Financial Officer _____ Game Manager(s)

I, the undersigned, do hereby authorize and give my consent to the Virginia Department of Charitable Gaming to conduct an investigation as set out under Section 18.2-340.25, Code of Virginia, 1950, as amended. I understand that further information may be requested of me in regard to this investigation.

Signature: _____ Date: _____

Full Name: _____ Position: _____
First Name Middle Name Last Name

Social Security No. _____ Date of Birth: _____ Race: _____ Sex: _____

Physical Home Address: _____

City: _____ State _____ Zip Code _____

Day Phone: (____) _____ Fax No: (____) _____

E-Mail Address: _____

THIS FORM MUST BE COMPLETED FOR (1) THE PRESIDENT, (2) THE TREASURER/FINANCIAL OFFICER, AND (3) FOR EACH GAME MANAGER. THIS PAGE MAY BE DUPLICATED.

Prior to issuance of a resolution, the Department of Charitable Gaming reserves the right to request additional information from those named in the "Personnel Information" section of this Exempt Organization - Notification New.

SIGNATURES/NOTARY

THE PRESIDENT/CHIEF OFFICER OF THE APPLICANT ORGANIZATION MUST PRINT HIS/HER NAME, AFFIX HIS/HER SIGNATURE, PROVIDE THE DATE, AND HAVE HIS/HER SIGNATURE INDIVIDUALLY NOTARIZED IN FRONT OF A NOTARY PUBLIC.

I hereby certify and affirm that all information provided in this Exempt Organization - Notification New and attachments are true to the best of my knowledge, information and belief, and that I have not knowingly made a false statement of material fact on this Notification Renewal and that I have read and understand the terms and conditions as set out under the Code of Virginia and the Department of Charitable Gaming Regulations. I understand that untruthful or misleading answers are cause for denial of an exempt resolution. I also agree that the organization listed on this application and its officers, directors, members, and employees, will abide by all rules and regulations of the Virginia Department of Charitable Gaming in the operation and conduct of bingo game(s) and/or raffle(s) pursuant to the Code of Virginia, Chapter 8, Section 18.2-340.15, *et seq.*

Name - Print

(President)

Signature

Date

Notary Public

That the above named person, _____, personally appeared before me
on _____, 200____.

Sworn and subscribed before me this _____ day of _____, 200____.

My Commission expires _____.

Seal

Notary Public